APPLICATION FOR RECORDS RETENTION SCHEDULE

**OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION**

INSTRUCTIONS: See Publication No. 76–RM–1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date 3-30-78 **Application Number** DHR 5-8	Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512; Northwest Ga. Regional Hosp. Rome, Ga. 30161	**Application Number** 77-154-A **Date Received** MAR 3 1 1978 **Date Completed** APR 1 1 1978

2. Person to Contact	Working Title	Telephone Number
Bonnie Green	Administrative Aide	GIST 231-6169

3. Action Requested

a. ☒ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☒ Amend Application No. 77-154 162,214, 215 Check One: ☐ Change; ☒ Supercede; ☐ Void

4. Dates of Series	5. Records Series Title *(followed by title used in office; if different)*
Earliest **Latest** 1968 to date	Tuberculosis Control Client Records (see attached listing)

6. Division and Office Function   What is the function of the Division and the Office in which this record series is created?

The Division of Physical Health provides direction, coordination and advocacy for multifaceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia; The Local Health Activity, the Family Health Activity and the Community Health Activity.

The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of noninfectious individuals who become infected. To accomplish these objectives, infected persons must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection or disease present.

7. Record Series Description   This file contains the following documents *(include form numbers and titles, if any)*: Attach samples of the file.

Documents relating to:

       See Attached.

Included are:

File is arranged:

8. Monthly Reference Rate   How often are records referred to which are:

One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ?

9. Annual Rate of Accumulation of Records

Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other *(specify)* _____

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

a. State Law _____ years.   d. Audit period _____ years.
b. Statute of limitation _____ years.   e. Administrative need _____ years.
c. Federal law _____ years.   f. Federal retention instructions _____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

☐ Hold in the current files area _____ month(s) _____ year(s); then
☐ Transfer to local holding area; hold _____ year(s); then
☐ Transfer to State Records Center; hold _____ year(s); then
☐ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Bonnie F Green	3/27/78	W. J. McDonald DLR-RMO	3-30-78

	State Records Committee (Signature)		Date
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee		4-7-78
	Secretary of State/Designee	Carroll Hart	4-7-78
	Attorney General/Designee		4-11-78

77-215-A

_Tuberculosis Control X-Ray Screening
Files_
Documents relating to determining if
persons screened in an X-ray Clinic
are infected or diseased with tuber-
culosis.

Included are X-ray films from County
X-ray Clinics and private physicians.

Files are arranged within two sec-
tions, positive and negative, there-
under by patient identifier.

Negative - Cut off file at the end of the
calendar year; hold in current files area 3
years; then destroy.

Positive - Upon declaration the patient is
inactive, place X-ray in the inactive file,
hold 7 years in current files area then
transfer to State Records Center, hold 8
years then destroy.

X-rays to be recycled according to current
State guidelines.

77-214-A

Tuberculosis Suspect Files
Documents relating to identifying
and locating persons suspected of
being infected with tuberculosis.

Included are Basic TB Service Record
(PD 5.3); Interstate Reciprocal Noti-
fication of Disease (NCDC- HEW, HSM
4.337); TB Culture Identification;
Weekly Laboratory Infectious Agent
Report (3082); reference type material
including correspondence, physician's
memoranda and notes and similar and
related information.

Files are arranged within two sections,
thereunder alphabetically by name.

Basic TB Service Record
Negative - Upon receipt of negative test
results, place document in negative results
area, cut off file at the end of each calendar
year; hold in current files area 3 years; then
destroy .

Positive - Upon receipt of positive test
results, place document in positive results
area, cut off file at the end of the calendar
year, hold in current files area 7 years;
then destroy.

Interstate Reciprocal Notification of Disease
Cut off file at the end of the calendar year,
hold in current files area 3 years; then destroy

TB Culture Identification
Positive - Place in TB Case File

Negative - Upon receipt of negative test results
place document in negative results area, cut-off
file at the end of each calendar year; hold in
current files area 3 years; then destroy.

Weekly Laboratory Infectious Agent Report -
Destroy when no longer needed for reference.

Tuberculosis Interviewer's Sheet -
Destroy when computer report is verified.

77-162-A

Tuberculosis Contact Files
Documents relating to identifying
contacts to diagnosed cases of in-
fectious tuberculosis.

Included are TB Interviewer's Sheet
(DD 5.10); Preventive Treatment
Roster and similar and related
information.

Preventive Treatment Roster
Cut-off file at the end of the fiscal year;
hold in current files area 5 years; then
destroy.

✓ **77-154-A**

Tuberculosis Control Program Manage-
ment Evaluation Files
Documents relating to evaluating pro-
gram effectiveness with a view to mak-
ing program improvements. Included
are: forms prescribed by United
States Department of Health, Education,
and Welfare, Public Health Service,
Center for Disease Control, Bureau
of State Services, Tuberculosis
Control Division: CDC 5.62 (Summary
Report - Indices of Drug Therapy);
· CDC 5.61 (Summary Report - Index
of Bacteriologic Conversion of Sputum);
CDC 5.63 (Summary Report - Completion of
Prevention Treatment); CDC 5.4018-5
(Tuberculosis Program Management Re-
port - Contact and Other Infected
Persons Under Supervision); CDC
5.4018.1 (Tuberculosis Program
Managment Report - Case Register);
· and CDC 5.1393 (Annual Tuberculosis
Statistical Summary). The file is
arranged by fiscal year.

Cut-off file at the end of the fiscal year;
hold in current files area 5 years; then retire
to State Archives for permanent retention.

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FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date 5/24/77	Department of Human Resources Division of Physical Health Community Tuberculosis Control Unit Bldg. 512, Northwest Ga. Regional Hosp. Rome, Ga. 30161	**Application Number** 77-154
Application Number DHR-146		**Date Received** MAY 27 1977 **Date Completed** JUN 22 1977

2. Person to Contact
Carl J. Schieffelbein

Working Title
Public Health Representative

Telephone Number
GIST 231-6155

3. Action Requested

a. ☒ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supercede; ☐ Void

4. Dates of Series
Earliest: 1963 Latest: To date

5. Records Series Title *(followed by title used in office; if different)*
Tuberculosis Control Program Management Evaluation Files

6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Division of Physical Health provides direction, coordination and advocacy for a multi-faceted public health program responsive to changing disease patterns. To accomplish this purpose there are three major activities of the Division involved in providing health services to the citizens of Georgia: The Local Health Activity, the Family Health Activity and the Community Health Activity.

The Community Tuberculosis Control Unit is one facet of the Community Health Activity whose major function is the reduction of the incidence of tuberculosis infection through the treatment of persons who are able to infect others, and through the preventive treatment of non-infectious individuals who become infected. To accomplish these objectives, infected persons must be identified and treated; the persons who come in contact with infected people must be identified and evaluated and given preventive treatment if indicated; and persons who are suspected of having tuberculosis must be identified, evaluated and monitored to see if there is, in fact, infection or disease present.

7. Record Series Description This file contains the following documents *(include form numbers and titles, if any):* Attach samples of the file.

Documents relating to: Evaluating program effectiveness with a view to making program improvement.

Included are: Forms prescribed by U.S. Department of Health, Education and Welfare, Public Health Service, Center for Disease Control, Bureau of State Services, Tuberculosis Control Division.
CDC 5.61 – Summary Report – Index of Bacteriologic Conversion of Sputum.
CDC 5.62 – Summary Report – Indices of Drug Therapy.
CDC 5.63 – Summary Report – Completion of Prevention Treatment.
CDC 5.4018–5 – Tuberculosis Program Management Report – Contact and Other Infected Persons Under Supervision.
CDC 5.4018–1 – Tuberculosis Program Management Report – Case Register.
CDC 5.1393 – Annual Tuberculosis Statistical Summary.

File is arranged: By fiscal year with the exception of the Annual Tuberculosis Statistical Summary (Form CDC 5.1393) which is arranged by calendar year.

8. Monthly Reference Rate How often are records referred to which are:
One to six months old __1/mo.__; Seven to twelve months old __1/mo.__; Thirteen to twenty-four months old __1/mo.__; twenty-five months and older __1/yr.__ ?

9. Annual Rate of Accumulation of Records
Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other *(specify)* 4 linear inches per year

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. CDC analyses and summarizes nationally.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? CDC maintains a file copy of what we submit for 5 years.
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements   The following requires the series to be kept:

a. State Law _____ years.
b. Statute of limitation _____ years.
c. Federal law _____ years.

d. Audit period _____ years.
e. Administrative need _____ years.
f. Federal retention instructions _____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need. CDC (per Ms. Sara Owens) states that CDC considers their copies of these reports as resource records. They retain the forms 5 years after the data is updated in the CDC computer.

12. Approved Disposition Instructions   This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

☒ Hold in the current files area _____ month(s) __5__ year(s); then
☒ Transfer to local holding area, hold __20__ year(s); then
☐ Transfer to State Records Center; hold _____ year(s); then
☒ Destroy, except
☐ Transfer to State Archives for permanent retention.
☒ Other (Specify)
Annual Tuberculosis Statistical Summary (Form CDC 5.1393) - cut off file at end of each calendar year; hold in current files area 5 years; then transfer to local holding area; hold 20 years; then destroy.

These instructions apply to all prior and future accumulations of the series.

Will I McDonald PHR RMO 5-25-77

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
W.T. Molloy	3/14/77	Bennie J Green	3/17/77

Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
	State Auditor/Designee		6-20-77
	Secretary of State/Designee	Carroll Hur	6-17-77
	Attorney General/Designee		6-20-77

AR-50-71; Rev. 76   (Reverse Side)